

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101565,026

FILING DATE

01-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		2		3		4		5		6		7
8							51						
9							52						
10							53						
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44							87						
45							88						
46							89						
47							90						
48							91						
49							92						
50							93						
TOTAL IND.			6				94						
TOTAL DEP.			15				95						
TOTAL CLAIMS			21				96						